INSTRUCTIONS FOR PREPARING
THE HICAP FINANCIAL CLOSEOUT REPORT (CDA 230)
REV (7/06)

GENERAL INSTRUCTIONS

In order to allow sufficient time for review and approval, one copy of the CDA 230, with an original signature, must be received by August 31, 2006. The signed copy should be submitted by the due date and addressed to your respective AAA-Based Team Fiscal Specialist and sent to:

> **California Department of Aging**
> **1300 National Drive, Suite 200**
> **Sacramento, California 95834**

In addition, the closeout report must be e-mailed, as an attachment to the fiscal team public e-mail addresses.

Heading: Enter the contract period, contract number, date, and PSA number on pages 1 through 3. The contract number shall consist of the letters HI, the fiscal year, and the PSA number (e.g., HI 0506-34).

PAGE 1 – EXPENDITURE SUMMARY

Cost Categories: The lines in this section list the allowable cost categories for Area Agency on Aging (AAA) Administration for the HICAP Program.

AAA Administration:

Line 1 Personnel: In column (A) and column (D), enter the amount of total AAA Administration personnel costs funded with State and federal funds. Include in this amount all salary and fringe benefit expenses. In column (F), enter the amount of personnel costs funded with other funding (non-federal or State).

Line 2 Operating Expenses: In column (A) and column (D), enter the amount of total AAA Administration operating expenses funded with State and federal funds. Include in this amount all rent, supplies, telephone, and any other expenses charged for administering the program. In column (F), enter the amount of operating expenses funded with other funding (non-federal or State).

Line 3 Indirect Administration: In column (A) and column (D), enter the amount of AAA Administration indirect expenses funded with State and federal funds. In column (F), enter the amount of indirect expenses funded with other funding (non-federal or State).

Line 4 Total AAA Administration: In column (A), column (D), and column (F), enter the total of lines 1 through 3.

Column (G): Total All Funds

In column (G), enter the sum of column (D) plus column (F) for Personnel, Operating Expenses, Indirect Administration, and Total AAA Administration on lines 1 through 4, as applicable.

HICAP Program:

Column (B): Direct Services

For all HICAP programs administered directly by the AAA, enter the amount of HICAP Program expenses funded with State and federal funds, by funding source (HICAP Reimbursement, HICAP Reimbursement MMA State Funds, HICAP Fund, HICAP Fund MMA State Funds, HICAP General State Health Insurance and Assistance Program (SHIP), and HICAP MMA Supplemental funds), on line 5 through line 10, as applicable. Include all salary and fringe benefit expenses, rent, supplies, telephone, other operating expenses, and indirect expenses.

Line 11 TOTAL HICAP PROGRAM: In column (B), enter the total of line 5 through line 10.

Column (C): Contracted Services

For all HICAP programs contracted out by the AAA, enter the amount of HICAP Program expenses funded with State and federal funds, by funding source (HICAP Reimbursement, HICAP Reimbursement MMA State Funds, HICAP Fund, HICAP Fund MMA State Funds, HICAP General SHIP, and HICAP MMA Supplemental funds), on line 5 through line 10, as applicable. Include all salary and fringe benefit expenses, rent, supplies, telephone, other operating expenses, and indirect expenses.

Line 11 TOTAL HICAP PROGRAM: In column (C), enter the total of line 5 through line 10.

Column (D): Total columns (A, B, C)

In column (D), enter the sum of column (B) plus column (C), by funding source (HICAP Reimbursement, HICAP Reimbursement MMA State Funds, HICAP Fund, HICAP Fund MMA State Funds, HICAP General SHIP, and HICAP MMA Supplemental funds), on line 5 through line 10, as applicable.

Line 11 TOTAL HICAP PROGRAM: In column (D), enter the total of line 5 through line 10.

Column (E): Program Income

In column (E), enter the amount of HICAP Program expenses funded with program income, on line 5 through line 10, as applicable.

Line 11 TOTAL HICAP PROGRAM: In column (E), enter the total of lines 5 through 10.

Column (F): Other Funding

In column F, enter the amount of HICAP Program expenses funded with other funding (non-federal or State), on line 5 through line 10, as applicable.

Line 11 TOTAL HICAP PROGRAM: In column (F), enter the total of lines 5 through 10.

Column (G): Total All Funds (D, E, F)

In column (G), enter the sum of column (D), column (E), and column (F), by funding source (HICAP Reimbursement, HICAP Reimbursement MMA State Funds, HICAP Fund, HICAP Fund MMA State Funds, HICAP General SHIP, and HICAP MMA Supplemental funds), on line 5 through line 10, as applicable.

Line 11 Total HICAP Program: In column (G), enter the total of line 5 through line 10.

Line 12 TOTAL CLOSEOUT: In column (A), column (B), column (D), column (E), column (F), and column (G), enter the total of line 4 and line 11.

Page 2 – HICAP CONTRACTED SERVICES EXPENDITURES

On this page, report contracted services expenditures funded from HICAP Reimbursement, HICAP Reimbursement MMA State Funds, HICAP Fund, HICAP Fund MMA State Funds, HICAP General SHIP, HICAP MMA Supplemental funds, Program Income, and Other Funding.

- Contractors – Enter the Contractor name, address, telephone number and contact person for this service.

- HICAP Reimbursements, Column (A) – Enter the expenditures, from this funding source, for this contractor.

- HICAP Fund, Column (B) – Enter the expenditures, from this funding source, for this contractor.

- HICAP Federal General SHIP, Column (C) – Enter the expenditures, from this funding source, for this contractor.

- HICAP Federal MMA Supplemental, Column (D) – Enter the expenditures, from this funding source, for this contractor.

- Program Income, Column (E) – Enter the expenditures funded by Program Income for this contractor.

- Other Funding, Column (F) – Enter the expenditures funded by Other Funding for this contractor.

- Total Contracted Services, Column (G) – Enter the total of columns (A) through (F).

- TOTAL HICAP CONTRACTED SERVICES – For columns (A) through (G), add the expenditures for all contractors, and enter the total.

PAGE 3 – HICAP MEDICARE MODERNIZATION ACT (MMA) EXPENDITURES

On this page, report direct and contracted services expenditures funded from HICAP Reimbursement MMA State Funds, HICAP Fund MMA State Funds, and HICAP MMA Supplemental SHIP funds only. Expenditures reported on page 3 must be included on pages 1 and 2, as appropriate. Detailed line item expenditure information must be provided for both direct and contracted services.

HICAP MMA State Costs

Expenses funded from HICAP Reimbursements MMA State Funds and HICAP Fund MMA State Funds should be combined and reported as MMA State Costs.

Personnel

- Direct MMA State Costs, Column (A) – In column (A), enter the salaries & wages and staff benefits expenses for direct services funded from MMA State funds.

- <u>Contracted MMA State Costs, Column (B)</u> – In column (B), enter the salaries & wages and staff benefits expenses for contracted services funded from MMA State funds.

- <u>TOTAL MMA STATE COSTS, Column (C)</u> – In column (C), enter the total of columns (A) and (B) for each line.

- <u>TOTAL PERSONNEL COSTS</u> – Add salaries & wages to staff benefits and enter the total in each column.

Operating Expenses

- <u>Direct MMA State Costs, Column (A)</u> – In column (A), enter operating expenses on each appropriate line, for direct services funded from MMA State funds.

- <u>Contracted MMA State Costs, Column (B)</u> – In column (B), enter operating expenses on each appropriate line, for contracted services funded from MMA State funds.

- <u>TOTAL MMA STATE COSTS, Column (C)</u> – In column (C), enter the total of columns (A) and (B) for each line.

- <u>TOTAL OPERATING EXPENSES</u> – Add Operating Expenses and enter the total in each column.

Indirect Costs

- <u>Direct MMA State Costs, Column (A)</u> – In column (A), enter indirect costs for direct services funded from MMA State funds.

- <u>Contracted MMA State Costs, Column (B)</u> – In column (B), enter indirect costs for contracted services funded from MMA State funds.

- <u>TOTAL MMA State Costs, Column (C)</u> – In column (C), enter the total of columns (A) and (B).

Total MMA Costs

- Add Total Personnel, Total Operating Expenses, and Indirect Costs per column, and enter the total in column (A), column (B), and column (C).

HICAP MMA Supplemental SHIP Costs

Personnel

- Direct MMA State Costs, Column (A) – In column (A), enter the salaries & wages and staff benefits expenses for direct services funded from MMA State funds.

- Contracted MMA State Costs, Column (B) – In column (B), enter the salaries & wages and staff benefits expenses for contracted services funded from MMA State funds.

- TOTAL MMA STATE COSTS, Column (C) – In column (C), enter the total of columns (A) and (B) for each line.

- TOTAL PERSONNEL COSTS – Add salaries & wages to staff benefits and enter the total in each column.

Operating Expenses

- Direct MMA State Costs, Column (A) – In column (A), enter operating expenses on each appropriate line, for direct services funded from MMA State funds.

- Contracted MMA State Costs, Column (B) – In column (B), enter operating expenses on each appropriate line for contracted services funded from MMA State funds.

- TOTAL MMA STATE COSTS, Column (C) – In column (C), enter the total of columns (A) and (B) for each line.

- TOTAL OPERATING EXPENSES – Add Operating Expenses and enter the total in each column.

Indirect Costs

- Direct MMA State Costs, Column (A) – In column (A), enter indirect costs for direct services funded from MMA State funds.

- Contracted MMA State Costs, Column (B) – In column (B), enter indirect costs for contracted services funded from MMA State funds.

- TOTAL MMA State Costs, Column (C) – In column (C), enter the total of columns (A) and (B).

Total MMA Costs

- Add Total Personnel, Total Operating Expenses, and Indirect Costs per column, and enter the total in column (A), column (B), and column (C).